

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/718,321
APPLICANT(S) _____

FILED DATE _____

4/13/05

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1		1				31							
2	1		1				32							
3	1		1				33							
4		3		1			34							
5		3		1			35							
6		3		3			36							
7		3		3			37							
8	1			3			38							
9	1			3			39							
10		1		3			40							
11		3		3			41							
12		3		3			42							
13		3		3			43							
14		3		3			44							
15		3		3			45							
16		3		3			46							
17		3		3			47							
18		3		3			48							
19		3		3			49							
20		3		3			50							
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46														
47														
48														
49														
50														
TOTAL IND.		5	5				TOTAL IND.							
TOTAL DEP.		49	30				TOTAL DEP.							
TOTAL CLAIMS		54	35				TOTAL CLAIMS							